



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION

**ELECTRONIC DEVICE MANUFACTURER
REGISTRATION FORM**

Registration is required under authority of Section 17303 of Part 173, Electronics, of the
Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

FOR ADDITIONAL INFORMATION, CONTACT THE
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY,
OFFICE OF WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION,
SUSTAINABLE MATERIALS MANAGEMENT UNIT AT 517-284-6590

YEAR 2013-14 **FOR DEQ USE ONLY**

Date Received by DEQ:

11-3-2014

Received by: mw

Fee: \$3,000. Yes ☒ No ☐

ACH Payment Confirmation #:

ELECTRONIC DEVICE MANUFACTURER:

NOTE: COMPLETE THE ENTIRE APPLICATION EVEN IF THE ANSWER IS "N/A" or "0"

1. Company Name (True Name and All Assumed Names): Bose Corporation

2. Area Code and Telephone Number:
800-378-8053

3. Manufacturer of:

Video Display Devices

Yes ☐ No ☒

Computers

Yes ☒ No ☐

Printers

Yes ☐ No ☒

4. Mailing Address:

Address: 100 The Mountain Road

City: Framingham

State: MA

ZIP: 01701

Country: USA

County (if in Michigan):

5. Home Web Site Address: <http://www.bose.com>

6a. Contact name: Sarah Dudley

6b. Contact e-mail address: sarah_dudley@bose.com

6c. Contact telephone number: 508-614-1814

**BRAND NAMES OF COVERED ELECTRONIC DEVICE(S) AND TYPE OF DEVICE (video display or computer)
SOLD BY THE MANUFACTURER**

7. Please list the brand names of covered devices your company manufactures. (Attach an additional page if necessary.)

(a) Bose VideoWave™ Entertainment System (e)

(b) (f)

(c) (g)

(d) (h)

For Cashiers Use Only

EDM 590840-4-1 11/05/14
33000 45005 9124

AY 2016 \$3,000

TAKEBACK PROGRAM CONSUMER CONTACTS

8a. What Web site address do you provide to consumers for information on your Takeback program?
http://worldwide.bose.com/productsupport/en_us/web/recycling_info/page.html

8b. If the Web site address above includes a link to the Takeback program, describe how to find that link on the Web site: n/a

8c. If provided, what telephone number do you provide to consumers for information on your Takeback program? 800-378-8053

TAKEBACK PROGRAM INFORMATION

9. What are the primary method(s) utilized by your Takeback program? Check up to two boxes.

Mailback ☐

Permanent collection site ☒

Collection events ☐

Retailer ☐

9a. Identity of the person responsible for coordination of the Takeback program.

Name: Sarah Dudley
#: 508-614-1814

e-mail address: sarah_dudley@bose.com

Phone

9b. Please describe your Takeback program.

Through collaboration with Bose Corporation and WM Recycle America LLC end consumers may drop off their recycled televisions free of charge at any of the locations list on our website.

9c. Are appropriate devices covered with your Takeback program? Check appropriate box:

If you are a manufacturer of computers, do you accept all brands?

Yes ☒

No ☐

N/A ☐

If you are a manufacturer of video display devices, do you accept all brands?

Yes ☒

No ☐

N/A ☐

9d. Is your Takeback program free to consumers?

Yes ☒

No ☐

9e. Is your Takeback program reasonably convenient and available to and otherwise designed to meet the needs of consumers in this state?

Yes ☒

No ☐

9f. What is the number of devices a consumer may deliver to your program each day? Unlimited ☐ #3

10. What information do you provide to consumers on how and where to return covered electronic devices that are labeled with your name or brand label?

Customers are provided a printout at the point of sale with an 800# to contact Bose and a website to source drop-off depots accepting Bose products. Or if purchasing online they will receive information via an email notification.

11. How do you provide information to consumers on how and where to return covered electronic devices?
same as above. We will also accept "like products" to recycle when our products is installed.

TAKEBACK PROGRAM REPORT (include this information beginning with the first registration submitted after the implementation of the Takeback program)

12a. The number of collection and/or recycling locations (permanent or intermittent) in the state of Michigan. 2

12b. List the weight of the covered electronic devices received by the Takeback program from consumers during the prior year:

0 Tons by mailback 0 Tons thru collection locations 0 Tons through collection days 0 Tons through Retailers

13. The processes and methods used to recycle or reuse the covered electronic devices received from consumers:
n/a

I, the undersigned registrant, swear and affirm, UNDER PENALTY OF LAW, that the statements contained herein are true and correct. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

PRINT NAME:

SPRAH DUDLEY

DATE:

11/26/13

SIGNATURE:

Sarah Dudley

TITLE:

11/26/13



MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY OFFICE OF
WASTE MANAGEMENT AND
RADIOLOGICAL PROTECTION

ELECTRONIC MANUFACTURER REGISTRATION

SIGNATURE

I, the undersigned registrant, swear and affirm, UNDER PENALTY OF LAW, that the statements contained herein are true and correct.

I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

SARAH DUDLEY
Print Name

Bose Corporation
Manufacturer/Company Name

Payment Type: ☒ Check ☐ Electronic (ACH)

SEND COMPLETED FORM

You may submit this completed form one of the following three ways:

- 1) Upload directly to the EcycleRegistration system
- 2) Email to ewasteregistration@michigan.gov
- 3) Mail to:
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
OWMRP – ELECTRONICS PROGRAM
P.O. BOX 30657
LANSING, MICHIGAN 48909-8157

Registration questions can be directed to MICHELLE OBERLIN at 517-284-6590 via email at OberlinM@michigan.gov
or STEVE NOBLE at 517-284-6589 via email at Nobles4@michigan.gov.

FOR STATE USE ONLY

DATE REC'D: _____ REC'D BY: _____ REG. COMPLETE? Y/N _____

ADD'L INFO NEEDED: _____

NOTES: _____